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**FACSIMILE****Date:** July 6, 2005**Time Sent:**

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Examiner Quoc Hoang Art Unit No. 2818	U.S. Patent and Trademark Office	(703) 872-9306	(571) 272-1780
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<b>Sent By:</b>	Michelle Sympson	<b>Direct Phone:</b>	(858) 643-1426
<b>Client/Matter/Tkpr:</b>	050432-0681	<b>Original to Follow by Mail:</b>	No
		<b>Number of Pages, including Cover:</b>	11
<b>Re:</b>	Applicant: Huicai ZHONG, et al. Appl. No.: 10/747,680 Filed: December 30, 2003 Title: METHOD FOR FORMING RECTANGULAR-SHAPED SPACERS FOR SEMICONDUCTOR DEVICES Group Art Unit No.: 2818		

**Message:**

Attached are the following documents:

- (1) Response to Restriction Requirement Transmittal (1 pg.);
- (2) Response to Restriction Requirement (1 pg.);
- (3) Information Disclosure Statement (4 pgs.);
- (4) Form 1449 (1 pg.); and
- (5) International Search Report (4 pgs.).

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U.S. practice conducted through McDermott Will & Emery LLP.

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SDO 32517-1.050432.0681

PAGE 1/11 \* RCVD AT 7/6/2005 7:01:25 PM [Eastern Daylight Time] \* SVR:USPTO-EFAXF-1/6 \* DNIS:8729306 \* CSID:858 597 1585 \* DURATION (mm-ss):03-52

Docket No.: 50432-681

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Huicai ZHONG, et al.

Appl. No. : 10/747,680

Filed : December 30, 2003

Title : METHOD FOR FORMING RECTANGULAR-SHAPED SPACERS FOR SEMICONDUCTOR DEVICES

Customer No.: 41552

Confirmation No.: 3172

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted

to the United States Patent Office on Jul 6, 2005.

M. Simpson

Grp./A.U. : 2818

Examiner: : Quoc Dinh Hoang

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

- ☒ No additional fee is required.  
☐ Applicant is entitled to small entity status under 37 CFR 1.27  
☒ Also attached: Information Disclosure Statement; Form 1449; International Search Report

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	13	20	0	\$50.00	\$0.00
Independent Claims	3	3	0	\$200.00	\$0.00
Multiple dependent claims newly presented					\$0.00
Fee for extension of time					\$0.00
					\$0.00
Total of Above Calculations					\$0.00

- ☐ Please charge my Deposit Account No. 502624 in the amount of \$ . . . . An additional copy of this transmittal sheet is submitted herewith.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 502624, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

MCDERMOTT WILL &amp; EMERY LLP

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